



“In the Middle of Everything”
CITY OF SUMTER, S.C.

PRE-EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

The City of Sumter is a DRUG FREE Workplace. All applicants tentatively selected for employment will be required to take a PRE-EMPLOYMENT PHYSICAL EXAMINATION and a DRUG SCREEN.

Please print in ink or type

MAILING ADDRESS:
Human Resources
P.O. Box 1449
21 N. Main Street
Sumter, SC 29151
(803) 436-2500

Date _____

Position applying for: _____ Position #: _____ Department: _____

PERSONAL INFORMATION

Name ☐ Mr. _____ ☐ Ms. _____ Social Security Number _____
First Middle Last

Present address _____
Street City State Zip Code

Previous address _____
Street City State Zip Code

Phone number (Day) _____ (Evening) _____ (Other) _____

Are you a current City of Sumter employee or have you worked for City of Sumter in the past? ☐ Yes ☐ No If so, when? _____ What Department? _____

Your name when employed (if different from present name) _____ Please list any relatives employed by the City of Sumter _____

Do you have a valid driver's license? ☐ Yes ☐ No Other Operator's License? _____ Endorsements _____ License I.D. Number _____

Issuing State _____ Expiration Date _____

Have you been convicted of or entered a plea of no contest, or plea of guilty to a crime other than a minor traffic offense? ☐ Yes ☐ No

If yes, please explain and give dates: _____

NOTE: Conviction does not necessarily bar you from consideration for employment

Have you ever been fired or asked to resign from a job? ☐ Yes ☐ No If yes, give date, name and address of employer, and reason (attach additional sheets if necessary): _____

(A firing or forced resignation does not automatically mean that you cannot be employed. The circumstances, time elapsed, and recent employment record will be considered. However, failure to be completely honest and accurate about such circumstances may cause your application to be disqualified for employment.)

EDUCATION HISTORY

High school attended: _____ Location: _____ Highest Grade Completed: _____ Date Completed: _____

Do you have an equivalency diploma (GED)? ☐ Yes ☐ No Date Received: _____ Where Received: _____

NAME AND ADDRESS	Dates attended		Degree Pending	Mo/Yr Degree or Certificate	Degree Completed (B.A. etc) or Certificate	Major and Minor Fields of Study
	From Mo/Yr	To Mo/Yr				
College						
Graduate Work						
Other (i.e., business, secretarial, vocational, technical, military, etc.)						

REFERENCES

Please list two persons, other than relatives or former employers, who know your qualifications or who know your character.

Name & Phone #: _____ Address: _____ City, State, Zip Code: _____
Name & Phone #: _____ Address: _____ City, State, Zip Code: _____

THE FOLLOWING INFORMATION IS VOLUNTARY

This information will NOT be used for making employment decisions. It is needed to analyze and assure compliance with State and Federal Equal Employment Opportunity laws, and to meet reporting requirements.

CHECK THE APPROPRIATE BLOCKS FOR THE FOLLOWING: Date of Birth: _____ Marital Status: _____

☐ Male
☐ Female

Racial or ethnic group with which you identify. (Check ONLY one.)
☐ White (includes persons of Arabian descent)
☐ Black (includes Jamaicans, Bahamians and other Caribbeans of Africa but not Hispanic or Arabian descent)
☐ Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture)
☐ Asian American (includes Pakistanis, Indians and Pacific Islanders)
☐ American Indian (includes Alaskan natives)

The following information will help us to learn of the most effective way of informing interested persons of the job opportunities with the City of Sumter. Please check ONE of the following as to how you learned of employment opportunities with the City of Sumter.
☐ From a friend
☐ From a relative
☐ Vacancy List
☐ Telephoned our office
☐ From a City of Sumter employee
☐ Local newspaper (Name of newspaper) _____
☐ Out-of-town newspaper (Name of newspaper) _____
☐ Other (please specify) _____

NO RESUME WILL BE ACCEPTED UNLESS ACCOMPANIED BY A FULLY COMPLETED APPLICATION

WORK HISTORY

Give a complete record of your employment history including part-time work, military service and volunteer experience. List all experience in order, **starting with your present or most recent position and working back**. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment. **Additional experience forms are available, if needed.**

Dates of employment _____ to _____ Mo./Yr. Mo./Yr. <input type="checkbox"/> full-time <input type="checkbox"/> part-time If part-time hours per week _____ Description of duties	Name of employing firm Mailing address (including zip code) Job title	Name and title of your immediate supervisor Reason for leaving Salary Starting _____ Final _____ <input type="checkbox"/> annually <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> biweekly <input type="checkbox"/> weekly <input type="checkbox"/> hourly
		Your name when employed if different from present
		Number and titles of people you supervised
Machines and equipment used		
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		Your name when employed if different from present
		Number and titles of people you supervised
Machines and equipment used		

Use this space for any special qualifications and skills (i.e., skills with construction or office equipment, publications, etc.) or additional information that you feel will help us to evaluate your application. _____

Current number of words per minute:	Typing _____ Shorthand _____	May we contact your former employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when? _____
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I hereby affirm that all statements made herein are true and correct. I authorize the City of Sumter to conduct whatever investigation it deems necessary to confirm the statements submitted on this application. If investigation determines any untrue statements, I accept this as sufficient grounds for refusal to hire or dismissal. I also authorize current and former employers to release information regarding my employment. I agree to submit myself for a pre-employment physical examination and drug test by a physician selected by the City, and I understand that failure to meet the physical requirements or refusal to be examined may disqualify me from employment.

Applicant's Signature: _____ Date: _____